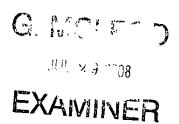
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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Office Use Only





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BECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Blood's Groves, LLC	
(Name	e of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
James D. Blood	
(Name of Person)	
Blood's Groves, LLC (Firm/Company)	
1027 Lewis Cove (Address)	
(Addition)	
Delray Beach, FL 33483	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
James D. Blood	at (561) 272-1882
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	ing amount:
	☐ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

in	the State of Florida.		
1.	Name of the limited liability company: Blood's Grov	es, LLC	13
2.	(a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	6117 Lawrence Road Lantana, FL 33462	⊞
	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1027 Lewis Cove Delray Beach, FL 33483	E 6
12	2/12/05	L05000118256	
3.	Date of filing/registration in Florida	4. Document number	
5.	(a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State	ဉ်' ကို
	Registered Agent:	Carol M. Stanley	î !
	Registered Office Address:	29 NE 4th Ave Delray Beach, FL 33483	Transfer of the state of the st
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	V Registered Office address: Susan Simms 6504 Contempo Lane	đ
(MUST BE FLORIDA STREET ADDRESS)		Boca Raton,FL_33433	
th of he lia lin	the limited liability company is not organized under the lat after the change or changes are made, the Florida street fice of the registered agent will be identical. Or, in the careby confirmed that the change(s) was/were authorized be ability company or as otherwise provided in the articles of mited liability company.	address of the registered office and the busines are of a Florida limited liability company, it is an affirmative vote of the members of the limit forganization or the operating agreement of the	sted
(\$	signature of Registered Agent)		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00